October 2012
Message to the Community

More than 110 years ago, the Madison community came together to form Madison’s first hospital. Since that time, this hospital has cared for the health of the community. Today, that hospital is Meriter Hospital. And, the commitment to the community has not changed. Meriter has always looked for ways, outside of our walls, to partner with the Madison and Dane County communities to improve the health of all people. Now, with new health care reform regulations, we along with all hospitals, are required to assess the health of the community, including unmet needs.

Meriter is pleased to be a part of this first ever Dane County Collaborative Community Health Needs Assessment. The collaborative group, known as Healthy Dane, formed by representatives from Meriter Hospital, St. Mary’s Hospital, UW Hospital, Stoughton Hospital and Public Health Madison and Dane County, demonstrates the core belief of all of our organizations – that the health of our community is paramount. Nothing is greater than helping our neighbors stay and be well.

HEALTHY DANE PARTNERS

As a result of this collaboration, the group worked with a vendor (Healthy Communities Institute or HCI) to create www.HealthyDane.org, a website that will provide public access to frequently updated statistics on the community’s health. The website is just one piece to the entire Community Health Needs Assessment. However, it is an important piece. In addition to traditional measures of health, the website includes information on the social factors that affect health. Moving away from traditional written reports, this website it a tool for the whole community. It provides a snapshot view of Dane County, but still allows users to dig deeper and understand more about the community. Another important component of the HealthyDane.org website is access to a list of Best Practice programs from around the county so users are able to learn about others successes and perhaps apply these practices to this community.

Although the information in the website has been a valuable resource, Meriter and the Healthy Dane collaborative group also spent time with community members to learn more about their view of the community’s health, as well as how the hospitals can help make a difference. Community members have helped shape this process and we believe they have helped us create a richer and more valuable evaluation and plan.

Through this work, we have a much better understanding of our community’s health and the opportunity for even better health. Of course, we know that this Community Health Needs Assessment is not perfect nor does it reflect each person’s experience with health, but we now have a better understanding. In many cases, the assessment reinforced and validated some of what we thought we knew about our
community. And, in other cases, we learned where there may be shortfalls in health that we did not know about. There are many needs in Dane County and many of those needs are reflected in disparities on race, ethnicity, income, geography and education level.

Through focus groups, the community’s top six health issues were identified as type 2 diabetes, cancer, drug use/poisoning, asthma/COPD, preventable stroke/uncontrolled hypertension and poor birth outcomes. As Meriter evaluated the needs brought forward in the Community Health Needs Assessment and evaluated its own resources, we have decided to focus primarily on two significant health problems in Dane County: diabetes and poor birth outcomes. Meriter will continue to provide programs and services such as the Max W. Pohle Dental Clinic, and Behavioral/Mental Health services including addiction medicine. In fact, these programs may have direct connections to the two focus areas.

In focusing on these areas, Meriter will

- Develop partnerships and collaborations to provide community-based outreach and education to high-risk populations and community partners.
- Develop partnerships and mechanisms to promote healthy food choices and access to healthy foods.
- Develop and enhance clinical services to address specific health-related concerns that affect birth outcomes and diabetic conditions.
- Continue its partnership with Wisconsin Women’s Health Foundation through its commitment to First Breath, a smoking cessation program for pregnant women, as well as supporting Striving to Quit, a federal research grant aimed at helping BadgerCare Plus members stop smoking.
- Meriter will continue to seek out opportunities not known at this time, which will help achieve the stated goals.

As we venture into the next phase, our implementation plan, we will be looking for others to join us in becoming part of the solution. We know that there is much work to be done and we are anxious to begin this endeavor.

Sincerely,

Jim Woodward
President & CEO, Meriter Health Services


**Acknowledgements**

This project is the result of reaching far into the community and tapping the resources of multiple organizations. Many thanks are owed to the members of the Healthy Dane Collaborative, especially to their representatives, who worked countless hours in the name of community health:

- **Juli Aulik**, University of Wisconsin Hospital and Clinics
- **Tobi Cawthra**, Meriter Hospital
- **Kelly Cheramy**, St. Mary’s Hospital
- **Janel Heinrich**, Public Health Madison Dane County
- **Judith Howard**, Public Health Madison Dane County
- **Stephanie Johnson**, St. Mary’s Hospital
- **Laura Mays**, Stoughton Hospital
- **Steve Sparks**, St. Mary’s Hospital and SSM Health Care of Wisconsin
- **Susan Webb-Lukomski**, Public Health Madison Dane County

In addition, recognition would not be complete without thanks to the many individuals, organizations and community leaders who assisted with the community focus groups and provided their candid opinions.
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**Introduction**

A Community Health Needs Assessment (CHNA) looks at the health of a community by using data and collecting community input. CHNAs look at community health from a big-picture view and consider risk factors, quality of life, mortality, morbidity, access to health care and more. A CHNA assists in establishing priorities for community health as well as in developing, implementing and evaluating community health programming.

To assess the health needs of Dane County, four area hospitals (Meriter Hospital, St. Mary’s Hospital, Stoughton Hospital and UW Hospital and Clinics) joined with Public Health Madison & Dane County to form the collaborative group known as Healthy Dane. After a search for a vendor partner, the group selected Healthy Communities Institute (HCI) to assist in gathering and analyzing data.

Utilizing data available from the National Cancer Institute, the Environmental Protection Agency, U.S. Census Bureau, the U.S. Department of Education, as well as other national, state and regional sources, Healthy Communities Institute provided a snapshot look of the community’s health. The data and data sources can be viewed on the website [www.HealthyDane.org](http://www.HealthyDane.org). The data used in this website are continually updated as they become available, providing the community with a current overview of Dane County. This electronic approach is far better than traditional paper reports, which are static and often out of date soon after printing.

The CHNA provides a broad-ranging view of health, encompassing more than vital statistics. The assessment also includes information on social determinants of health, such as the local economy, education, the environment, public safety, social environment and transportation.

The current and broad nature of the website allows health care, public health and community partners to refine their programmatic efforts to reflect the changing needs of the community. The hope is that all involved will be increasingly successful in addressing the community’s most pressing health-related issues.
Meriter Hospital History

Our History
Meriter has more than a 110-year history in Madison. Beginning with the signing of the articles of incorporation in 1898, Madison General Hospital Association became the first hospital in Madison. A permanent hospital was built 5 years later. And, on October 20, 1903 the first baby, Alice Ashford Sheldon Davis, was born.

By 1912, Madison General Hospital had expanded to 85 beds. That same year, Madison Methodist Hospital opened with 12 beds. In 1987, Madison General and Madison Methodist, Madison’s two oldest hospitals, merged to become Meriter Hospital.

Meriter has maintained

Meriter has maintained many of its traditions for over 110 years, including a focus on women’s services with the busiest birthing center in Wisconsin. Meriter also has a history of providing medical education, including a partnership with UW Medical School that has existed since the 1950s, nurse training programs, and mental health services since the 1960s.

Today, Meriter serves the health care needs of families in south central Wisconsin through Meriter Hospital, a not-for-profit, community hospital providing a wide-ranging scope of medical and surgical services; Meriter Medical Group, a growing primary and specialty care practice serving Meriter Hospital, Meriter clinics and Physicians Plus. Meriter clinics provide easy access to health care at locations in downtown and southwest Madison, Fitchburg, Middleton, Monona, Stoughton and DeForest-Windsor; and Meriter Foundation, a not-for-profit, tax exempt 501(c)(3) organization raising, investing, granting and stewarding gifts on behalf of Meriter Hospital.

Meriter by the Numbers:

- Number of employees: 2,422 (full time equivalents)
- Number of hospital beds: 448
- Meriter’s Total Community Benefit in 2011: $36,854,370
- Admissions in 2011: 21,457
- ED Visits in 2011: 44,173
- Number of volunteers: 581
Awards

- Thomson Reuters Top 50 Cardiac Hospitals – 2012
- Thomson Reuters Top 100 Hospitals – 2010, 2011
- Hospital and Health Networks – Most Wired – 2011, 2012
- American Hospital Association – McKesson Quest for Quality – Citation of Merit 2012
- National Research Pathway to Excellence awards.
  - **Innovative Best Practice Award** for outstanding best practices that result in significant improvements in patient-centered care and health care outcomes. Meriter was recognized for initiatives implemented on the 6 Tower Medical/Surgical unit.
  - **Most Improved for CG-CAHPS (clinic) Adult Rating of Doctor Award** for showing the highest increase in percentage of patients rating the doctor a 9 or 10 when comparing 2010-2011 with 2011-2012 responses.
  - **Top Performer for CG-CAHPS (clinic) Pediatric Rating of Doctor Award** for having the highest percentage of patients rating the doctor a 9 or 10.

Meriter’s Services

<table>
<thead>
<tr>
<th>Allergy/Immunology</th>
<th>Plastic Surgery</th>
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<tr>
<td>Birthing Center &amp; Neonatal Intensive Care Unit (NICU)</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Case Management Program</td>
<td>Pharmacy</td>
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<tr>
<td>Dermatology</td>
<td>Psychiatry</td>
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<td>Pulmonary Diagnostics</td>
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<td>Endocrine &amp; Diabetes Care</td>
<td>Sexual Assault Nurse Examiner Program</td>
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<tr>
<td>Obstetrics and Gynecology</td>
<td>Sleep Clinic and Lab</td>
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<td>Heart and Vascular</td>
<td>Smoking Cessation</td>
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<td>Hospitalist program</td>
<td>Spiritual Care</td>
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<td>Laboratory Services</td>
<td>Outpatient Orthopedic Therapy</td>
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<td>Medical Imaging</td>
<td>Outpatient Stroke and Neurological Rehabilitation</td>
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<td>Rehabilitation</td>
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<td>Inpatient Rehabilitation</td>
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<td>Cardiovascular and Pulmonary Rehabilitation</td>
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<td>Speech and Language Therapy</td>
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<td>Patient &amp; Family Services</td>
<td>Feeding and Swallowing Therapy</td>
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<tr>
<td>Pediatric Services</td>
<td>Substance Abuse Treatment</td>
</tr>
<tr>
<td></td>
<td>Women &amp; Infants</td>
</tr>
</tbody>
</table>

Community Benefit

In 2011, Meriter provided nearly 37 million dollars in community benefit, composed of more than 6 million dollars in charity care (16,106 individuals helped); 2.3 million dollars in subsidized health services 7.7 million dollars in community services; and nearly 21 million dollars in unpaid costs of Medicaid and other public programs (not including Medicare). Examples of our community benefit programs include:

- Triangle Nursing Program
- Max W. Pohle Dental Clinic
- Mother-Baby Hour
Community Partnerships
Meriter is proud to be part of community projects that work to improve health outcomes in our community:
- Save Our Seniors – Capitol Health Plan
- Wisconsin Women’s Health Foundation
- Freshmobile Initiative
- Celebrate Smiles

Additional Affiliations and Partnerships
(provided from best available resources at time of printing)
- Access Community Health Centers
- Center for Nursing Excellence
- Chaplaincy residency
- Clarke College
- Dane County Cytology
- Edgewood College Nurse Residency Program
- Generations Fertility Clinic
- Herzing University
- Journey Mental Health
- Loyola
- Madison College
- Madison Environmental Resourcing
- Madison United Healthcare Linen
- Marquette University
- Transformations
- Turville Bay Radiation Oncology and MRI Center
- University of Wisconsin – Madison
- University of Wisconsin - Oshkosh
- University of Wisconsin Nurse Residency Program
- University of Wisconsin OB/GYN Residency Program
- Wisconsin Collaborative for Healthcare Quality
- Wisconsin Sleep
- Wisconsin Dialysis
- Winona State
Demographics of the Community

Geography
Dane County is located in south-central Wisconsin and is home to Wisconsin’s capital, Madison, which is also the county seat. The county is nearly 1,200 square miles of urban, suburban and rural communities. Dane County has approximately 572,000 acres (about 72% of the total land) in agricultural use, and it leads Wisconsin in the total market value of agricultural products. Corn is the largest crop, followed by hay and soybeans. The county has the second largest cattle herd in the state, including 51,000 dairy cows. Despite these strong agricultural underpinnings, Dane County is classified by the United States Census Bureau as a metropolitan area.

In addition to being the center for state and county government, Dane County is also home to Wisconsin’s flagship public university, the University of Wisconsin–Madison. As a result, educational services is the largest industry sub-sector in the county, followed by food services, professional and technical services, hospitals, and administrative and support services.

Population
Dane County is the second most densely populated county in Wisconsin, and Madison is the second largest city in the state. The population of Dane County grew 14.4% between 2000 and 2010, bringing the total population to 488,073. Madison has 233,209 residents, almost half of the county’s population. Among its residents are more than 42,000 UW students.

The ethnic/racial demographics of Dane County are changing. Since 2000, the percentage of the population that is white decreased from 87.4% to 81.9%. The greatest growth among minority groups was seen in the Hispanic population. Compared with Wisconsin as a whole, Dane County has more ethnic diversity, a larger percent of foreign-born residents (7.4%), and a larger percent that speaks a language other than English in the home (11% in Dane County; 14.8% in Madison). Minorities are more concentrated in the City of Madison. Over half of all students in Madison public schools are of racial/ethnic minority groups.

The demographic makeup of the population is displayed in Chart 1. Hmong are one of the largest Asian groups in Dane County, and Dane County has one of the largest Hmong populations in Wisconsin.
Education and Income
Examination of data for Dane County reveals a large gap in education and income between an affluent majority population and a growing low-income, less educated population.

The percent of the population that has at least a bachelor’s degree is much higher in Dane County than in Wisconsin and the U.S., and it is higher yet in Madison (Dane County 45.4%, Madison 52.2%, Wisconsin 25.8%, U.S. 27.9%). However, Dane County’s current 86% high school graduation rate is one of the lowest among Wisconsin counties. Lately, much attention has been paid to the “achievement gap” and lower graduation rates for some racial minority groups in Madison, but other of Dane County’s 16 public school districts face the same challenge. In 2011, the four-year graduation rate for all students in the Madison Metropolitan School District was 73.7% (not including GED or other high school certificates) but there was considerable variation by racial group, as displayed in Chart 2.

The median household income for Dane County is $60,519 as compared to $51,598 in Wisconsin. Madison’s median household income is $52,550, which is lower than household incomes in the remainder of Dane County.

Despite the high median household income and a relatively low unemployment rate (5.4%), Dane County is faced with an increasing number of people living in poverty. Chart 3 demonstrates the varying poverty levels between Dane County and the city of Madison. 11.6% of Dane County residents live below the federal poverty level (2006-2010), a statistic that is comparable to the state poverty rate. In Madison, the poverty rate is higher at 17.9%.
According to the Center on Wisconsin Strategy, 31.5% of students in Dane County are eligible for federal free or reduced-price school lunch in 2012, an increase from 2000 when only 17.4% of students were eligible. In the City of Madison, over half of all public school students are eligible.

Poverty levels are particularly striking for children in the county. Chart 4 demonstrates the racial/ethnic breakdown of children living in poverty in Dane County.\(^{15}\)
To be effective, health programs must be meeting a tangible need of the community. To meet the need, they must be presented to and accessible by the very people who need them most. A study of demographics is necessary to enlighten the planning and marketing process and, ultimately, to move the dial toward better community health.
Secondary Data Collection and Analysis

In addition to a review of demographics, we gathered and reviewed data from broad sources to set the initial direction and priorities of the community health needs assessment.

The following data sources were used in this assessment process:

- The newly developed Healthy Dane website, www.healthydane.org, was the primary data source that informed the community health needs assessment process. It ranks Dane County on a large set of indicators, compiled from existing data sources including County Health Rankings, the Wisconsin Hospital Association, Wisconsin Division of Public Health and the U.S. Census Bureau.

- County Health Rankings report: www.countyhealthrankings.org/app/wisconsin/2012/dane/county/1/overall

- Data and reports provided by Public Health Madison & Dane County, including data from their 2011 Fetal and Infant Mortality Review, an analysis of drug poisonings, and data from the Wisconsin Division of Public Health WISH data query system (www.dhs.wisconsin.gov/wish)

- 2012 Dane County Youth Assessment Overview Report, authored by Public Health Madison & Dane County www.danecountyhumanservices.org/Family/Youth/youth_assessment_2012.aspx

- Other health status reports produced by the Wisconsin Division of Public Health, which include county-level data (See links in Appendix A)

Prior to review of the data, a list of criteria was developed to aid in the selection of priority areas. During the data-review process, attention was directed to health issues that met any of these criteria:

- Health issues that impact a lot of people or for which disparities exist, and which put a greater burden on some population groups
- Poor rankings for health issues in Dane County as compared to Wisconsin, other counties or Healthy People 2020 national health targets (Dane County is the primary service area for the collaborating hospitals)
- Health issues for which trends are worsening

The Healthy Dane collaborative also considered indicators that relate to problems the Public Health Department had already identified through its own assessments, such as poor birth outcomes, contributors to obesity in adolescents, and poisonings.

In addition, the collaborative examined “social determinants of health,” or factors in the community that can either contribute to poor health outcomes or support a healthy community. These data are available on the www.healthydane.org site and in the County Health Rankings Report for Dane County.

The collaborative shares the observation that, while some health status indicators for Dane County are better than average, they may still represent problems that are highly prevalent, place a heavy burden on our population, and might be worsening or fall short of benchmarks. In addition, aggregate health data for the entire population often masks the unfair, heavy burden on some population groups.
After review and consideration of data, the collaborative identified six health issues that showed evidence of need in our community, based on our criteria. They are listed in the order ranked by all participants in our primary data collection process (see primary data section):

- Type 2 Diabetes
- Cancer
- Drugs/Poisoning
- Asthma/COPD
- Preventable Stroke/Uncontrolled Hypertension
- Poor Birth Outcomes

Each health issue is described in the pages that follow, with available supporting data and brief discussion of special issues and populations of concern. Unless otherwise noted, data are from www.healthydane.org and data sources are noted in the Healthy Dane indicator description. Note that if viewing in black and white, indicator color is green on left, yellow in the middle and red on the right.

**Health Issue: Type 2 Diabetes**

The incidence of type 2 diabetes has increased dramatically in the U.S., as a result of the rapid rise in obesity over the past 30 years. Insulin resistance now develops in children, adolescents and young adults. African-Americans, Hispanics, Native Americans and Asians have higher rates of type 2 diabetes. Adults with diabetes have dramatically higher rates of cardiovascular disease risk factors than non-diabetics, including excess fat and obesity, high blood pressure, high cholesterol and lack of physical activity. Diabetics are at increased risk for myriad of other diseases, including coronary heart disease, stroke, peripheral vascular disease and chronic kidney disease. Many people who are developing diabetes are not aware of it, eliminating their opportunity to reverse the disease course.

Because prevention and reduction in obesity in our population is key to reducing rates of pre-diabetes and type 2 diabetes (including gestational diabetes), obesity data are included. Obesity and diabetes in pregnancy are addressed under “Poor Birth Outcomes.”

- Approximately 60% of Dane County adults are overweight (BMI 25-29.9) or obese.
- 23.2% of Dane County 7-12th graders are overweight or obese (BMI for age percentile ≥85%). 9.2% of Dane County high school youth are obese (BMI for age percentile ≥95%), comparable to the obesity rate for Wisconsin high school youth. African-American, Latino, Hmong and mixed-race youth have significantly higher rates of being overweight/obese than white youth.
- The Wisconsin Diabetes Prevention and Control program reports in the *The 2011 Burden of Diabetes in Dane County:* An estimated 7% of adults in Dane County, or 24,150 individuals, have diagnosed or undiagnosed diabetes.
- People with pre-diabetes have an increased risk of developing type 2 diabetes, heart disease and stroke. In Dane County, an estimated 129,180 people who are 20 years and older have pre-diabetes.
- 14.2% of all hospitalizations of Dane County residents in 2010 were diabetes-related.
- The cost of diabetes in Dane County adults is staggering. In 2009 for Dane County, direct costs were estimated at $206.7 million, indirect costs were estimated at $103.5 million, totaling an estimated $310.2 million.
**Age-Adjusted Death Rate due to Diabetes**

<table>
<thead>
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<th>Value:</th>
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<tr>
<td>Measurement Period:</td>
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<td>Location:</td>
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<tr>
<td>[View Every County]</td>
<td></td>
</tr>
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<td>Comparison:</td>
<td>WI Counties</td>
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<tr>
<td>Categories:</td>
<td>Health / Diabetes Health / Mortality Data</td>
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</tbody>
</table>

**What is this Indicator?**
This indicator shows the age-adjusted death rate per 100,000 population due to diabetes.

**Why this is important:** Diabetes is a group of diseases marked by high levels of blood glucose, also called blood sugar, resulting from defects in insulin production, insulin action, or both. In 2007, diabetes was the seventh leading cause of death in the United States and an estimated 23.6 million people or 7.8% of the population had diabetes. The prevalence of diagnosed type 2 diabetes increased six-fold in the latter half of the last century. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are also important risk factors.

Diabetes can have a harmful effect on most of the organ systems in the human body; it is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working-age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. In economic terms, the direct medical expenditure attributable to diabetes in 2007 was estimated to be $116 billion.

**Technical Note:** The distribution is based on data from 71 Wisconsin counties.

**Source:** Wisconsin Department of State Health Services

**URL of Source:** [http://www.dhs.wisconsin.gov/](http://www.dhs.wisconsin.gov/)

**URL of Data:** [http://www.dhs.wisconsin.gov/wish/main/Mortality/Mortality...](http://www.dhs.wisconsin.gov/wish/main/Mortality/Mortalit...)

**Maintained By:** Healthy Communities Institute
Age-Adjusted Death Rate due to Diabetes by Race/Ethnicity
(Dane County, 2008-2010)

- Black: 39.1
- White: 13.1
- Overall: 13.5

deaths/100,000 population
### Hospitalization Rate due to Diabetes

<table>
<thead>
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<th>Value:</th>
<th>11.3 hospitalizations/10,000 population</th>
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<tr>
<td>Location:</td>
<td>County: Dane Located in State: Wisconsin</td>
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<tr>
<td>Comparison:</td>
<td>WI Counties</td>
</tr>
<tr>
<td>Categories:</td>
<td>Health / Diabetes</td>
</tr>
</tbody>
</table>

#### What is this Indicator?
This indicator shows the average annual age-adjusted hospitalization rate due to diabetes per 10,000 people ages 18 and older.

#### Why this is important:
According to National Diabetes Education Program, "diabetes is a group of diseases marked by high levels of blood glucose resulting from defects in insulin production, insulin action, or both." Diabetes can have a harmful effect on most organ systems in the human body; it is a frequent cause of renal disease and lower-extremity amputation, and a leading cause of blindness among working age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy, and stroke. The prevalence of diagnosed type 2 diabetes increased sixfold in the latter half of the last century according to the CDC. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are also important risk factors. The CDC estimates the direct economic cost of diabetes in the United States to be about $100 billion per year. This figure does not take into account the indirect economic costs attributable to potential work time lost to diabetes-related illness or premature death.

#### Technical Note:
The distribution is based on data from 69 Wisconsin counties. Rates were calculated using population figures from the 2010 U.S. Census. Cases of gestational diabetes were excluded. Rates based on fewer than 10 hospitalizations are unstable and are not reported. Rates for zip codes with a population of less than 300 are not reported.

#### Source:
WHA Information Center

#### URL of Source:
http://www.whainfocenter.com/

#### Maintained By:
Healthy Communities Institute
## Hospitalization Rate due to Long-Term Complications of Diabetes

<table>
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<th>Value:</th>
<th>6.6 hospitalizations/10,000 population</th>
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| Location: | County: Dane  
Located in State: Wisconsin |
| [View All Location Types](#) |
| Comparison: | WI Counties |
| Categories: | Health / Diabetes |

### What is this Indicator?
This indicator shows the average annual age-adjusted hospitalization rate due to long-term complications of diabetes per 10,000 people ages 18 and older. Long-term complications of diabetes may include heart disease, stroke, blindness, amputations, kidney disease, and nerve damage.

### Why this is important:
The prevalence of diagnosed type 2 diabetes increased sixfold in the latter half of the last century according to the CDC. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. Age, race, and ethnicity are also important risk factors. The CDC estimates the direct economic cost of diabetes in the United States to be about $100 billion per year. This figure does not take into account the indirect economic costs attributable to potential work time lost to diabetes-related illness or premature death.

### Technical Note:
The distribution is based on data from 67 Wisconsin counties. Rates were calculated using population figures from the 2010 U.S. Census. Cases of gestational diabetes were excluded. Rates based on fewer than 10 hospitalizations are unstable and are not reported. Rates for zip codes with a population of less than 300 are not reported.

### Source:
WHA Information Center

### URL of Source:

### Maintained By:
Healthy Communities Institute
The following is from the *2011 Burden of Diabetes*, cited below:

### Dane County

#### Diabetes Prevalence - Dane County

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Estimated Number Diagnosed (%)</th>
<th>Estimated Number Undiagnosed (%)</th>
<th>Estimated Total Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ages 18 – 44</td>
<td>4,740 (2.2%)</td>
<td>1,760 (0.8%)</td>
<td>6,500 (3.0%)</td>
</tr>
<tr>
<td>Ages 45 – 64</td>
<td>5,100 (4.2%)</td>
<td>1,900 (1.6%)</td>
<td>7,000 (5.7%)</td>
</tr>
<tr>
<td>Ages 65 +</td>
<td>7,700 (16.0%)</td>
<td>2,890 (6.0%)</td>
<td>10,650 (22.0%)</td>
</tr>
<tr>
<td>All Ages Adult*</td>
<td>17,600 (5.1%)</td>
<td>6,550 (1.9%)</td>
<td>24,150 (7.0%)</td>
</tr>
</tbody>
</table>

* Percent is age-adjusted (direct method) to the United States 2000 standard population.

Total percent may not equal the sum of diagnosed percent and undiagnosed percent, due to rounding.

#### 2010 Hospitalizations - Dane County

<table>
<thead>
<tr>
<th></th>
<th>Total Number</th>
<th>Number Diabetes-related (% of total)</th>
<th>Total Charges</th>
<th>Diabetes-related Charges (% of total charges)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Ages</td>
<td>45,602</td>
<td>6,470 (14.2%)</td>
<td>$1,101,813,500</td>
<td>$204,354,100 (18.5%)</td>
</tr>
</tbody>
</table>

**Other Information**

- People with pre-diabetes have an increased risk of developing type 2 diabetes, heart disease, and stroke. In Dane County, an estimated 129,180 people aged 20 years and older have pre-diabetes.
- The cost of diabetes in Dane County adults is staggering. In 2009 for Dane County, direct costs were estimated at $206.7 million, indirect costs were estimated at $103.5 million, totaling an estimated $310.2 million.
- Recently, CDC released 2008 county-level age-adjusted prevalence estimates for obesity and physical inactivity. In Dane County, 25.0% of people aged 20 years and older were obese and 17.5% of people aged 20 years and older were physically inactive.

#### Percent of Wisconsin Adults with Risk Factors by Diabetes Status

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Non-Diabetes</th>
<th>No Diabetes</th>
<th>Diabetes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obese</td>
<td>28%</td>
<td>63%</td>
<td>3%</td>
</tr>
<tr>
<td>Overweight/Obese</td>
<td>24%</td>
<td>63%</td>
<td>17%</td>
</tr>
<tr>
<td>High Blood Pressure</td>
<td>24%</td>
<td>71%</td>
<td>7%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>21%</td>
<td>56%</td>
<td>9%</td>
</tr>
<tr>
<td>Lack of Phys. Activ.</td>
<td>13%</td>
<td>36%</td>
<td>19%</td>
</tr>
<tr>
<td>Current Smoker</td>
<td>19%</td>
<td>36%</td>
<td>13%</td>
</tr>
</tbody>
</table>


The 2011 Burden of Diabetes in Wisconsin is created by the Wisconsin Diabetes Prevention and Control Program (DPCP), Division of Public Health, Department of Health Services. Please see “Detailed Technical Notes” for in-depth information about methodology and data sources. For more information about the Wisconsin Diabetes Prevention and Control Program, go to: [http://www.dhp.wisconsin.gov/health/diabetes/]. Printing of this document is supported by DPCP partners: American Diabetes Association Wisconsin Area, National Kidney Foundation of Wisconsin, and Wisconsin Lions Foundation.
The following is from the 2012 Dane County Youth Assessment:

### Weight, Physical Activity and Nutrition

#### Overweight and obesity

The rate of childhood obesity has increased dramatically in the past 30 years. Obesity is associated with serious health and social problems during adolescence, and it generally persists into adulthood, contributing to type 2 diabetes, cardiovascular disease, cancer, osteoarthritis and other chronic conditions.⁷

Each youth’s body mass index (BMI) was calculated based on their reported height and weight and compared to youth of the same age and sex using national scales (CDC BMI-for-age percentiles) to determine their BMI category. Obese is defined as having a body mass index (BMI) ≥95% of youth their age and sex; overweight is defined as BMI ≥85% but <95% of youth their age and sex.⁶⁹

- The percent of Dane County 7th-12th grade youth who are either overweight or obese has been stable since the 2009 survey (23.2% ±0.7 in 2012 vs. 24.1% ±0.9 in 2009). Currently, 9.1% ±0.5 of all 7th-12th grade youth are obese, compared to 10.2% ±0.7 in 2009.
- The 9.2% prevalence of obesity for Dane County high school youth is comparable to that for Wisconsin high school youth but lower than the national rate.⁷⁹
- Males remain significantly more likely than females to be overweight or obese (27.5% ±1 vs. 18.8% ±1).
- The survey found that African American, Latino, Hmong and mixed race youth have significantly higher rates of overweight/obesity than White youth.

#### Physical activity and sedentary screen time

Regular physical activity in childhood and adolescence improves strength and endurance, helps build healthy bones and muscles, and helps control weight. It may also reduce anxiety and stress, increase self-esteem, improve blood pressure and cholesterol levels,⁵⁶ and benefit academic performance and behavior.⁵³ Significant time spent sitting in front of a TV or computer screen (screen time) is associated with obesity in adolescents.⁵²,⁵³ Health experts recommend that youth should be physically active for at least 60 minutes a day, and limit sedentary screen time to no more than 2 hours a day.⁵⁴

#### Physical activity

Youth were asked on how many of the past 7 days they had been spent a total of 60 minutes engaged in physical activity that increased their heart rate and made them breathe hard some of the time, including fast walking.

- Less than half (45.5%) of all 7th-12th grade youth are active for 60 minutes at least 5 days per week. 14.8% are very inactive, getting 60 minutes of physical activity on 0 or 1 day per week.
- Males are more active than females, particularly in high school when many girls become less active while males tend to maintain their level of activity.
Screen time
Youth were asked how much time they spend watching TV, playing video games, or using a computer or hand-held device for other than school work, on an average school day/night.

- The percent of 7th-12th grade males who reported high screen time (3 or more hours) was lower than in 2009 (40.2% ±1.1 vs. 45.6% ±1.4). By comparison, fewer 7th-12th grade females (33.3% ±1) reported high screen time, but there was no change since 2009.
- 10.7% of all 7th-12th grade youth spend 5 or more hours on non-homework screen time on school days/night.
- High screen time is most prevalent in middle school males, and least prevalent in high school females.

Nutrition
The “Dietary Guidelines for Americans, 2010” recommend that adolescents consume 3 cups of low-fat dairy foods such as non-fat skim or 1% milk, and eat about 5 servings of fruit and vegetables, per day. A nutritious breakfast contributes to good health and concentration needed for learning. The Guidelines recommend that sugar sweetened beverages that contain no nutrients be restricted because they contribute to obesity while replacing and reducing appetite for nutritious foods. The American Academy of Pediatrics (AAP) warns that energy drinks that contain caffeine or other stimulants are potentially harmful and never appropriate for children and adolescents.

Skipping breakfast
- 22.6% (±0.7) of all 7th-12th grade youth reported skipping breakfast 5-7 of the past 7 days, comparable to that percentage from the 2009 DCYA (24% ±0.9).
- Middle school males are less likely to skip breakfast than the other groups.

Milk
- Over half of all 7th-12th grade youth (52.2%), and 61.7% of high school females drink less than 2 servings of milk per day. Milk is a primary source of calcium and vitamin D, which are needed for lifelong health and disease prevention.

Fruit and vegetables
- Fruit and vegetable consumption (excluding potatoes and juice) is very low for most youth. 23.2% of all 7th-12th grade youth said they eat 0 or 1 serving of fruit or vegetables per day, while only 9.2% eat the recommended 5 servings per day.
- Fruit and vegetable consumption is not significantly different for females and males.
- Several measures point to a decline in fruit/vegetable consumption since 2009: the percent of middle school youth who eat 0-1 serving per day went up from 18.3% (±1.2) in 2009 to 22.2% (±1.1); and percentages of both middle school and high school youth who eat 5 or more servings per day went down.

Percentage of youth who reported eating 5 or more servings of fruit or vegetables per day

<table>
<thead>
<tr>
<th></th>
<th>2009</th>
<th>2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle</td>
<td>14.1% (±1.1)</td>
<td>11.4% (±0.9)</td>
</tr>
<tr>
<td>High</td>
<td>10.2% (±0.8)</td>
<td>8.2% (±0.5)</td>
</tr>
<tr>
<td>All</td>
<td>11.6% (±0.6)</td>
<td>9.2% (±0.5)</td>
</tr>
</tbody>
</table>
**Health Issue: Asthma/COPD**

**Asthma**

Asthma is a common chronic inflammatory disease of the airways of the lungs. The exact cause of asthma is unknown, but it is associated with allergies. According to the CDC, the prevalence of asthma has been on the rise since the mid-1970s. The prevalence of asthma in Dane County appears to be higher than that for Wisconsin and the U.S. The asthma hospitalization rate is also high, reflecting less than adequate asthma control. Asthma in pregnancy is addressed under the identified health issue “Poor Birth Outcomes.”

**Asthma Prevalence**

- The 2012 Dane County Youth Assessment measured current active asthma in Dane County 7th through 12th graders. 4423 youth, or 17.3%, reported that they currently have asthma. The estimated asthma prevalence is consistent between middle school and high school students.
- The most recent available prevalence data for current asthma among high school students is summarized in following table.

<table>
<thead>
<tr>
<th>% of High School youth who currently have asthma</th>
<th>Dane County (2012 DCYA)</th>
<th>Wisconsin (2007 CDC Youth Risk Behavior Survey)</th>
<th>U.S. (2011 CDC Youth Risk Behavior Survey)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>17.2% (±0.8)</td>
<td>12.4% (±1.5)</td>
<td>11.9% (±1)</td>
</tr>
</tbody>
</table>
Asthma Hospitalization

<table>
<thead>
<tr>
<th>Hospitalization Rate due to Asthma</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value:</strong> 6.9 hospitalizations/10,000 population</td>
</tr>
<tr>
<td><strong>Measurement Period:</strong> 2007-2009</td>
</tr>
<tr>
<td><strong>Location:</strong> County: Dane, Located in State: Wisconsin [View All Location Types]</td>
</tr>
<tr>
<td><strong>Comparison:</strong> WI Counties</td>
</tr>
<tr>
<td><strong>Categories:</strong> Health / Respiratory Diseases, Health / Environmental &amp; Occupational Health</td>
</tr>
</tbody>
</table>

**What is this Indicator?**
This indicator shows the average annual age-adjusted hospitalization rate due to asthma per 10,000 people.

**Why this is important:** Asthma is a condition in which a person's air passages become inflamed, and the narrowing of the respiratory passages makes it difficult to breathe. Symptoms can include tightness in the chest, coughing, and wheezing. These symptoms are often brought on by exposure to inhaled allergens (like dust, pollen, cigarette smoke, and animal dander) or by exertion and stress. There is no cure for asthma, but for most people, the symptoms can be managed through a combination of long-term medication prevention strategies and short-term quick relievers. In some cases, however, asthma symptoms are severe enough to warrant hospitalization, and can result in death. Nationwide, 15.7 million non-institutionalized adults and 6.5 million children had been diagnosed with asthma in 2005.

**Technical Note:** The distribution is based on data from 69 Wisconsin counties. Rates were calculated using population figures from the 2010 U.S. Census. Rates based on fewer than 10 hospitalizations are unstable and are not reported. Rates for zip codes with a population of less than 300 are not reported.

**Source:** WHA Information Center

**URL of Source:** [http://www.whainfocenter.com/](http://www.whainfocenter.com/)

**Maintained By:** Healthy Communities Institute
**Chronic Obstructive Pulmonary Disease (COPD)**

COPD is a leading cause of chronic illness, disability and death in Dane County as elsewhere. It includes emphysema and chronic bronchitis, and is commonly associated with smoking.

<table>
<thead>
<tr>
<th>Hospitalization Rate due to COPD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value:</strong> 12.0 hospitalizations/10,000 population</td>
</tr>
<tr>
<td><strong>Measurement Period:</strong> 2007-2009</td>
</tr>
<tr>
<td><strong>Location:</strong> County: Dane&lt;br&gt;Located in State: Wisconsin</td>
</tr>
<tr>
<td><strong>Comparison:</strong> WI Counties</td>
</tr>
<tr>
<td><strong>Categories:</strong> Health / Respiratory Diseases</td>
</tr>
</tbody>
</table>

**What is this Indicator?**
This indicator shows the average annual age-adjusted hospitalization rate due to chronic obstructive pulmonary disease (COPD) per 10,000 people ages 18 and older.

**Why this is important:** Chronic obstructive pulmonary disease, or COPD, refers to a group of diseases that cause airflow blockage and breathing-related problems. According to the American Lung Association, COPD includes chronic bronchitis, emphysema, and bronchiectasis. It does not include other obstructive diseases such as asthma. COPD is the fourth leading cause of death in America, claiming the lives of 122,283 Americans in 2003. COPD is often related to tobacco use, but can also be caused by air pollutants in the home and workplace, genetic factors, and respiratory infections. In 2004, the cost to the nation for COPD was approximately $37.2 billion, including healthcare expenditures of $20.9 billion in direct healthcare expenditures, $7.4 billion in indirect morbidity costs and $8.9 billion in indirect mortality costs.

**Technical Note:** The distribution is based on data from 71 Wisconsin counties. Rates were calculated using population figures from the 2010 U.S. Census. Cases of bronchitis not specified as acute or chronic, asthma, and extrinsic allergic alveolitis were excluded. Rates based on fewer than 10 hospitalizations are unstable and are not reported. Rates for zip codes with a population of less than 300 are not reported.

**Source:** WHA Information Center

**URL of Source:** [http://www.whainfocenter.com/](http://www.whainfocenter.com/)

**Maintained By:** Healthy Communities Institute
Chronic Lower Respiratory Disease (CLRD) Deaths

CLRD is a broader designation of lung disease that includes asthma and COPD. It is a leading cause of death, with a significantly greater incidence among African-Americans.

<table>
<thead>
<tr>
<th>Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value:</strong> 32.0 deaths/100,000 population</td>
</tr>
<tr>
<td><strong>Measurement Period:</strong> 2008-2010</td>
</tr>
<tr>
<td><strong>Location:</strong> County: Dane Located in State: Wisconsin</td>
</tr>
<tr>
<td><strong>Comparison:</strong> WI Counties</td>
</tr>
<tr>
<td><strong>Categories:</strong> Health / Respiratory Diseases</td>
</tr>
</tbody>
</table>

What is this Indicator?
This indicator shows the age-adjusted death rate per 100,000 population due to chronic lower respiratory diseases. Chronic lower respiratory diseases include asthma, emphysema and all other chronic lower respiratory diseases.

Why this is important: Chronic lower respiratory diseases (CLRD) comprise the fourth leading cause of death in the United States and is projected to the third by 2020. CLRD are a diverse group of disorders with most involving impairment of lung function. The primary consequence of CLRD that contributes to illness is breathlessness. Deaths generally occur among the older age groups. Approximately 1 in 8 Americans, or 32 million people, have been diagnosed with a CLRD.

Technical Note: The distribution is based on data from 72 Wisconsin counties.

Source: Wisconsin Department of State Health Services


Maintained By: Healthy Communities Institute
Health Issue: Preventable Stroke/Uncontrolled Hypertension

Hypertension is a major risk factor for stroke, heart disease and chronic kidney disease. According to a recent CDC report, nearly one out of three U.S. adults surveyed during 2003-2010 have hypertension and about half of those did not have it under control (<140/90). Of those who had uncontrolled hypertension, about 39% did not know they had it, 16% knew but were not treated with medication, and 45% were taking medication but did not have the condition controlled. Almost one-fourth of those with uncontrolled hypertension have stage 2 hypertension, putting them at risk for heart disease and stroke. According to the CDC study, the following groups were more likely to have uncontrolled hypertension: Hispanics, African-Americans, individuals with low income or low education level, and those who lack health insurance and a usual source of health care. But surprisingly, 89% of those with uncontrolled hypertension had a health care provider, 88% got medical care during the previous year and 85% had health insurance.

Estimating the prevalence of hypertension at the local level currently relies on public health surveying. 24% (±5%) of Dane County adults surveyed in 2007 and 2009 reported that they have been told they have hypertension, other than during pregnancy.

While uncontrolled hypertension is, by far, the strongest risk factor for stroke, other controllable risk factors also contribute:

- Cigarette smoking
- Heart disease
- Uncontrolled diabetes
- High LDL cholesterol level
- Physical inactivity and obesity

For African-Americans, stroke is more common and more deadly—even in young and middle-aged adults—than for any other ethnic or other racial group in the United States. Studies show that the age-adjusted incidence of stroke is about twice as high in African-Americans and Hispanic-Americans as in Caucasians.

Two key points are important to note regarding stroke in Dane County, displayed in the charts below:

- The age-adjusted death rate due to stroke in Dane County is high, exceeding the 2020 target.
- The age-adjusted stroke death rate for African-Americans in Dane County is very high—almost double that for whites.
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)

Value: 36.0 deaths/100,000 population
Healthy People 2020 Target: 33.8 deaths/100,000 population
Measurement Period: 2008-2010
Location: County: Dane
Located in State: Wisconsin
[View Every County]
Comparison: Healthy People 2020 Target
Categories: Health / Heart Disease & Stroke
Health / Mortality Data

What is this indicator?
This indicator shows the age-adjusted death rate per 100,000 population due to cerebrovascular disease and stroke.

Why this is important: Cerebrovascular diseases rank third among the leading causes of death in the U.S. Cerebrovascular disease can cause a stroke. A stroke occurs when blood vessels carrying oxygen to the brain become blocked or burst, thereby cutting off the brain’s supply of oxygen. Lack of oxygen causes brain cells to die which can lead to death or disability. Each year, approximately 795,000 people in the U.S. will suffer a new or recurrent stroke. Although people of all ages may have strokes, the risk more than doubles with each decade of life after age 55. The most important modifiable risk factors for stroke are high blood pressure, high cholesterol and diabetes mellitus.

The Healthy People 2020 national health target is to reduce the stroke deaths to 33.8 deaths per 100,000 population.

Source: Wisconsin Department of State Health Services
URL of Source: http://www.dhs.wisconsin.gov/
URL of Data: http://www.dhs.wisconsin.gov/wishmain/Mortality/Mortality...
Maintained By: Healthy Communities Institute
Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)
by Race/Ethnicity (Dane County 2008-2010)

- **Value:** 36.0 deaths/100,000 population
- **Measurement Period:** 2008-2010
- **Location:** County: Dane
  Located in State: Wisconsin
  ([View Every County](#))
- **Comparison:** WI Counties
- **Categories:** Health / Heart Disease & Stroke
  Health / Mortality Data

**What is this Indicator?**
This indicator shows the age-adjusted death rate per 100,000 population due to cerebrovascular disease and stroke.

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The Healthy People 2020 national health target is to reduce the stroke deaths to 33.8 deaths per 100,000 population.

**Technical Note:** The distribution is based on data from 71 Wisconsin counties.

**Source:** Wisconsin Department of State Health Services

**URL of Source:** [http://www.dhs.wisconsin.gov/](http://www.dhs.wisconsin.gov/)

**URL of Data:** [http://www.dhs.wisconsin.gov/wish/main/Mortality/Mortality...](http://www.dhs.wisconsin.gov/wish/main/Mortality/Mortality...)

**Maintained By:** Healthy Communities Institute
Health Issue: Cancer

Cancer ranks with cardiovascular disease as the leading cause of death in Dane County, and many of these deaths are premature and preventable. Scientific research has determined that 30% of all cancers are related to tobacco use, and another 30% to obesity and dietary factors. Many more lives could be saved by obtaining appropriate cancer screenings to detect cancer early.  

Cancer Risk Factors:

- 15.6% of Dane County adults are current cigarette smokers, over the 2020 target of 12%.
- The 2012 Dane County Youth Assessment indicates that while cigarette smoking by youth may have declined, this may in part be due to a shift from cigarettes to cigars and lower-cost forms of tobacco.
- 59.8% of Dane County adults are overweight or obese.
- 14.4% of Dane County adults engaged in no leisure time physical activity in the past month.
- 8% of Dane County adults engaged in alcohol use that is heavy enough to adversely affect health.
- Data on fruit and vegetable consumption are not available for adults, but the 2012 Dane County Youth Assessment found that consumption is very low among Dane County adolescents.

(Source: 2008-2010 BRFS, WI DHS WISH; www.dhs.wisconsin.gov/wish except as noted)

Cancer Screening:

- 29% (±6) of Dane County adults age 50 and over have never had a colonoscopy or sigmoidoscopy to screen for colorectal cancer, as is recommended. Among those who have ever been screened, 10% (±4) have not been screened within the past five years.
- 24% (±6) of Dane County women age 40 and older have not had a mammogram to screen for breast cancer in the past two years as is recommended. County Health Rankings also reports that about one out of four Dane County female Medicare recipients, ages 67-69, have not had a mammogram in the past two years (2009).
- 15% (±6) of Dane County women age 18 and older have not had a Pap smear to screen for cervical cancer in the past three years as is recommended.

(Source: 2006/2008/2010 Behavioral Risk Factor Survey, data provided by the Wisconsin Division of Public Health)
Cancer Incidence and Mortality:

With the exception of breast cancer, Dane County’s age-adjusted cancer incidence and mortality rates are generally somewhat better than Wisconsin rates. However, that does not diminish the tremendous burden that cancer puts on Dane County’s population. From 2003 to 2007, 8823 Dane County residents were diagnosed with cancer, and 3223 died of cancer.

- According to *Wisconsin Cancer Facts and Figures 2011*, the overall cancer incidence rate is lower for Dane County than for Wisconsin, however Dane County’s rate is higher than 23 other Wisconsin counties. The overall cancer mortality rate is lower for Dane County than for Wisconsin, however Dane County’s rate is higher than 10 other Wisconsin counties.28
- Overall cancer rates are higher for males than females in Dane County.29
- Dane County African-Americans have significantly higher incidence of colorectal cancer and prostate cancer than whites, and a higher death rate from lung cancer than whites.30
### Age-Adjusted Death Rate due to Breast Cancer

<table>
<thead>
<tr>
<th>County</th>
<th>Time Period</th>
<th>HP 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Value:** 23.0 deaths/100,000 females
- **Measurement Period:** 2005-2009
- **Location:** County: Dane
- **Comparison:** U.S. Counties
- **Categories:** Health / Cancer, Health / Mortality Data, Health / Women’s Health

**What is this indicator?**
This indicator shows the age-adjusted death rate per 100,000 females due to breast cancer.

**Why this is important:** According to the American Cancer Society, breast cancer is the second leading cause of cancer death and the second most common type of cancer among women in the U.S. The greatest risk factor for developing breast cancer is age. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection.

The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.6 deaths per 100,000 females.

**Technical Note:** The distribution is based on data from 1,792 U.S. counties and county equivalents. The value represents the average annualized rate.

**Source:** National Cancer Institute

**URL of Source:** [http://www.cancer.gov](http://www.cancer.gov)


**Maintained By:** Healthy Communities Institute

### Age-Adjusted Death Rate due to Prostate Cancer

<table>
<thead>
<tr>
<th>County</th>
<th>Time Period</th>
<th>HP 2020 Target</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- **Value:** 25.0 deaths/100,000 males
- **Measurement Period:** 2005-2009
- **Location:** County: Dane
- **Comparison:** U.S. Counties
- **Categories:** Health / Cancer, Health / Mortality Data, Health / Men’s Health

**What is this Indicator?**
This indicator shows the age-adjusted death rate per 100,000 males due to prostate cancer.

**Why this is important:** According to the American Cancer Society, prostate cancer is the most commonly diagnosed form of cancer among men in the United States and it is second only to lung cancer as a cause of cancer-related death among men. The two greatest risk factors for prostate cancer are age and racial/ethnicity, with men over the age of 65 and men of African descent possessing the highest incidence rates of prostate cancer in the U.S.

The Healthy People 2020 national health target is to reduce the prostate cancer death rate to 21.2 deaths per 100,000 males.

**Technical Note:** The distribution is based on data from 1,542 U.S. counties and county equivalents. The value represents the average annualized rate.

**Source:** National Cancer Institute

**URL of Source:** [http://www.cancer.gov](http://www.cancer.gov)


**Maintained By:** Healthy Communities Institute
### Age-Adjusted Death Rate due to Cancer

#### Value:
- **Current:** 164.4 deaths/100,000 population
- **Target:** 160.6 deaths/100,000 population

#### Healthy People 2020 Target:
- **Measurement Period:** 2005-2009 [NEW]
- **Location:** County: Dane
  Located in State: Wisconsin
  [View Every County]
- **Comparison:** Healthy People 2020 Target
- **Categories:** Health / Cancer
  Health / Mortality Data

#### What is this Indicator?
This indicator shows the age-adjusted death rate per 100,000 population due to cancer.

#### Why this is important:
Cancer is the second leading cause of death in the United States. The National Cancer Institute (NCI) defines cancer as a term used to describe diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 different types of cancer. According to the NCI, lung, colon and rectal, breast, pancreatic, and prostate cancer lead to the greatest number of annual deaths.

The Healthy People 2020 target is to reduce the overall cancer death rate to 160.6 deaths per 100,000 population.

#### Source:
National Cancer Institute

#### URL of Source:
http://www.cancer.gov

#### URL of Data:
http://statecancerprofiles.cancer.gov/deathrates/deathrat...

#### Maintained By:
Healthy Communities Institute
### Age-Adjusted Death Rate due to Breast Cancer

**Value:**
- Current: 23.0 deaths/100,000 females
- 2020 Target: 20.5 deaths/100,000 females

**Measurement Period:**
- 2006-2009

**Location:**
- County: Dane
- Located in State: Wisconsin

**Comparison:**
- Healthy People 2020 Target

**Categories:**
- Health / Cancer
- Health / Mortality Data
- Health / Women's Health

**What is this indicator?**
This indicator shows the age-adjusted death rate per 100,000 females due to breast cancer.

**Why this is important:**
According to the American Cancer Society, breast cancer is the second leading cause of cancer death and the second most common type of cancer among women in the U.S. The greatest risk factor in developing breast cancer is age. Since 1990, breast cancer death rates have declined progressively due to advancements in treatment and detection.

The Healthy People 2020 national health target is to reduce the breast cancer death rate to 20.5 deaths per 100,000 females.

**Source:** National Cancer Institute

**URL of Source:** [http://www.cancer.gov](http://www.cancer.gov)

**URL of Data:** [http://statecancerprofiles.cancer.gov/deathrates/deathrat...](http://statecancerprofiles.cancer.gov/deathrates/deathrat...)

**Maintained By:** Healthy Communities Institute

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### Age-Adjusted Death Rate due to Prostate Cancer

**Value:**
- Current: 25.9 deaths/100,000 males
- 2020 Target: 21.2 deaths/100,000 males

**Measurement Period:**
- 2006-2009

**Location:**
- County: Dane
- Located in State: Wisconsin

**Comparison:**
- Healthy People 2020 Target

**Categories:**
- Health / Cancer
- Health / Mortality Data
- Health / Men's Health

**What is this indicator?**
This indicator shows the age-adjusted death rate per 100,000 males due to prostate cancer.

**Why this is important:**
According to the American Cancer Society, prostate cancer is the most commonly diagnosed form of cancer among men in the United States and is the second only to lung cancer as a cause of cancer-related death among men. The two greatest risk factors for prostate cancer are age and race-ethnicity, with men over the age of 65 and men of African descent possessing the highest incidence rates of prostate cancer in the U.S.

The Healthy People 2020 national health target is to reduce the prostate cancer death rate to 21.2 deaths per 100,000 males.

**Source:** National Cancer Institute

**URL of Source:** [http://www.cancer.gov](http://www.cancer.gov)

**URL of Data:** [http://statecancerprofiles.cancer.gov/deathrates/deathrat...](http://statecancerprofiles.cancer.gov/deathrates/deathrat...)

**Maintained By:** Healthy Communities Institute
Breast Cancer Incidence Rate

Breast Cancer Incidence by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Incidence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>112.6 cases/100,000 females</td>
</tr>
<tr>
<td>White</td>
<td>121.1 cases/100,000 females</td>
</tr>
<tr>
<td>Overall</td>
<td>122.3 cases/100,000 females</td>
</tr>
</tbody>
</table>

Prostate Cancer Incidence Rate

Prostate Cancer Incidence by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race</th>
<th>Incidence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>265.0 cases/100,000 males</td>
</tr>
<tr>
<td>White</td>
<td>121.7 cases/100,000 males</td>
</tr>
<tr>
<td>Overall</td>
<td>125.8 cases/100,000 males</td>
</tr>
</tbody>
</table>
Health Issue: Drug Use/Poisonings

A recent report from Public Health Madison/Dane County summarizes this issue from a public health perspective:

Poisoning is a public health problem affecting the health & safety of our community.

- Poisoning has increased for the last ten years and has surpassed motor vehicle crashes as the leading cause of injury death. Between 2005 and 2009, there were 282 deaths.

- Between 2006 and 2010, there were almost 7000 people that went to the hospital (including emergency department visits) with poisoning.

- The majority of all poisonings (deaths - 85%; unintentional poisoning hospitalizations* 67%) are due to prescription, over-the-counter, and illicit drugs.

- For those that end up in hospital, the drugs of biggest concern are in the opiate and hallucinogen group, in particular opiate pain medications, esp. OxyContin, Vicodin & morphine. Opiates are overprescribed, easily available, and can result in dependence & abuse or can lead to use of other drugs.

- There has been a dramatic increase in opiate hospitalizations, including emergency department visits, over the past 10 years.

- Drug poisoning/overdoses (resulting in death, hospital admissions or police arrests) are county-wide.

[Data Source: Public Health Madison & Dane County]
• There is an alarming increase in Madison EMS calls, where Narcan injections were given (mostly used to reverse opiate overdose), especially among 20-29 year olds. [Data source: Madison Fire & EMS]

• Police reports of drug overdoses and deaths show an increase in the past 5 years, especially with heroin. According to 2011 data, as of September 17th, heroin overdoses have already more than doubled those in 2009.

   [Data source: Dane County Narcotics & Gang Task Force]

• Two thirds of the drug overdose arrests, within the opiate & hallucinogen drug group, are due to heroin (198). A number of drug overdoses also include opiate pain medications.

   [Data source: Dane County Narcotics & Gang Task Force]

• Dane County funded AODA treatment programs have shown a steady increase in clients with opiate problems, over the past 10 years. (There were over 100 in 2000 compared to over 300 in 2009).

* An unintentional poisoning is a poisoning in which the individual exposed to the substance is not attempting to cause harm to himself or herself or others. It can result from misuse and abuse of prescription or recreational drugs, overuse of drugs prescribed for medical reasons and exposure to chemicals, gases, vapors, venoms, biological toxins, and other substances.

For further questions about data, including original charts, contact Lisa Bullard-Cawthorne at 444-3542 or email lbulardcawthorne@publichealthmdc.com
### Age-Adjusted Death Rate due to Unintentional Poisonings

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value</td>
<td>9.4 deaths/100,000 population</td>
</tr>
<tr>
<td>Measurement Period</td>
<td>2008-2010</td>
</tr>
<tr>
<td>Location</td>
<td>County: Dane Located in State: Wisconsin</td>
</tr>
<tr>
<td>Comparison</td>
<td>WI Counties</td>
</tr>
<tr>
<td>Categories</td>
<td>Health / Prevention &amp; Safety, Health / Mortality Data</td>
</tr>
</tbody>
</table>

**What is this Indicator?**
This indicator shows the age-adjusted death rate per 100,000 population due to accidental poisoning and exposure to noxious substances.

**Why this is important:** A poison is any substance that is harmful to your body when ingested, inhaled, injected or absorbed through the skin. Intentional poisonings are a result of a person taking or giving a substance with the intention of causing harm. Unintentional poisoning is the unintentional use of drugs or chemicals for recreational purposes in excessive amounts. In 2007, there were 40,059 poisoning deaths in the United States, 74% of which were unintentional. The unintentional poisoning death rates have been rising steadily since the early 90's. In 2008, over 2.5 million poisoning exposure cases were reported to poison control centers. In 2009, unintentional poisonings caused over 700,000 emergency department visits.

**Technical Note:** The distribution is based on data from 45 Wisconsin counties.

**Source:** Wisconsin Department of State Health Services

**URL of Source:** [http://www.dhs.wisconsin.gov/](http://www.dhs.wisconsin.gov/)

**URL of Data:** [http://www.dhs.wisconsin.gov/wish/main/Mortality/Mortality...](http://www.dhs.wisconsin.gov/wish/main/Mortality/Mortality...)

**Maintained By:** Healthy Communities Institute
In addition to the community at-large, the 2012 Dane County Youth Assessment describes issues related to drug and alcohol use among younger residents:

**Tobacco, Alcohol and Drug Use**

**Tobacco use**
The health, social and financial consequences of tobacco use are well known. Nearly all tobacco use begins in adolescence. If young people can remain free of tobacco until age 18, most will never start to smoke. Tobacco use is considered a “gateway drug” because its use generally precedes and increases the risk of other drug use. The survey results related to lifetime cigarette smoking, current cigarette smoking and use of smokeless tobacco are highlighted here.

**Lifetime cigarette smoking**
- 20.1% of high school youth said they have smoked a whole cigarette in their lifetime. Males are slightly more likely to have ever smoked (22.1% ± 1.2 vs. 18% ± 1.2 for females).
- 46.7% of high school youth who have ever smoked a whole cigarette have gone on to become current smokers. Females and males have comparable rates of continued smoking after initial exposure.

**Current cigarette smoking**
Youth were asked, “During the past 30 days, on the days you smoked cigarettes, on average how many did you smoke per day?” Those who reported smoking any amount were classified as current smokers.
- 9.1% (±0.6) of high school youth reported smoking cigarettes in the past 30 days, down from 14.9% (±0.9) in 2009. This may, in part, reflect the recent national trend of teens moving away from cigarettes in favor of less expensive cigars and loose tobacco.
- 3% (±0.5) of middle school youth reported smoking cigarettes in the past 30 days, no significant change from 2009 (3.8% ±0.6%). However, if Dane County middle school youth have followed the national trend toward less expensive forms of tobacco, smoking may have actually increased since 2009.

**Smokeless tobacco use**
Youth were asked about use of chewing tobacco, snuff, SNUS and dip.
- 7.7% (±0.7) of high school males use smokeless tobacco. Use of smokeless tobacco is lower in middle school males (2.1% ±0.5) and females (middle school 1.2 ±0.5; high school 1.6 ±0.3).

**Alcohol, marijuana and other drug use**
The potential consequences of underage alcohol, marijuana and drug use are many. Underage alcohol use increases the risk of academic failure and is correlated with injuries, poisoning, illegal drug use, risky sexual behavior, violence and suicide. Regular use of alcohol in the teen years can impact brain development and may have consequences beyond adolescence. Youth who begin drinking alcohol before age 14 are more likely to experience alcohol dependence as adults compared to those who postpone their first drink of alcohol until age 21 or older. Using marijuana leads to changes in the brain that are similar to those caused by alcohol and other drugs. Marijuana affects alertness, concentration and short-term memory, making learning difficult. Driving skills are impaired after smoking marijuana due to slowed reaction time, impaired motor coordination and altered perception in judging distances and reacting to signals and sounds.

Understanding the patterns and trends of alcohol and drug use by Dane County youth allows parents, schools and communities to implement effective prevention and intervention strategies. Alcohol and marijuana are the most commonly used mood altering substances by Dane County youth, but lesser used drugs are also of concern. Data on drunk driving is presented in the Traffic Safety section and data on drug sales at school is in the School Experience section.

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*The measure of current smoking changed from the 2009 DCYA. The 2009 survey defined current smokers as those who reported smoking on at least 1 day in the past 30 days.*
Alcohol use

**Lifetime alcohol use**
- 54.1% (±1) of high school youth said they have had a drink of alcohol in their lifetime, no change from 2009 (55.4% ±1.2). Among this group, 58.7% (±1.9) of males and 51.7% (±2) of females were 14 or younger the first time they drank.

**Alcohol use in the past 12 months**
- 43.3% (±1) of high school youth and 12.2% (±0.9) of middle school youth said they drank alcohol in the past 12 months. (33.8% ±0.8 of all 7th-12th grade youth)
- Females and males have the same prevalence of alcohol use in the past 12 months (females: 34% ±1.1; males: 33.6% ±1.1). There is no significant difference between females and males at the middle school level or at the high school level.

**Binge drinking**
Binge drinking is defined in the survey as “having 5 or more alcoholic drinks at one time, in a row, within a couple of hours.”
- 15.8% (±0.7) of high school youth reported binge drinking in the past 30 days, up from 12.6% (±0.9) in 2009. The increase was seen in both females and males (females: 14.3% ±1 vs. 10.8% ±1.2 in 2009; males: 17.4% ±1 vs. 14.4% ±1.5 in 2009).
- 1.9% of middle school youth engaged in binge drinking in the past 30 days. There is no statistically significant difference between middle school females and males, and no change since 2009 (1.8% ±0.5).
- Among high school youth who reported drinking any alcohol in the past 12 months, 36.1% (±1.5) engaged in binge drinking in the past 30 days. Among middle school youth who reported drinking any alcohol in the past 12 months, 15.4% (±3) reported recent binge drinking.

**Access to alcohol**
Youth who reported any past alcohol use identified their most frequent sources of alcohol.

<table>
<thead>
<tr>
<th>Source of Alcohol Access</th>
<th>% of Middle School Youth who have drank</th>
<th>% of High School Youth who have drank</th>
</tr>
</thead>
<tbody>
<tr>
<td>From friends</td>
<td>59.3 (±5.0)</td>
<td>61.8 (±1.6)</td>
</tr>
<tr>
<td>At parties</td>
<td>41.7 (±5.0)</td>
<td>59.9 (±1.5)</td>
</tr>
<tr>
<td>Someone else buys it for me</td>
<td>12.6 (±3.2)</td>
<td>39.7 (±1.6)</td>
</tr>
<tr>
<td>I sneak it from home</td>
<td>24.4 (±4.2)</td>
<td>23.1 (±1.2)</td>
</tr>
<tr>
<td>My parents give it to me</td>
<td>32.5 (±4.7)</td>
<td>22.4 (±1.3)</td>
</tr>
<tr>
<td>From older brother or sister</td>
<td>15.2 (±3.5)</td>
<td>19.0 (±1.2)</td>
</tr>
<tr>
<td>I buy it myself</td>
<td>5.7 (±2.3)</td>
<td>8.2 (±0.9)</td>
</tr>
<tr>
<td>I steal it from a store</td>
<td>6.9 (±2.6)</td>
<td>5.2 (±0.7)</td>
</tr>
<tr>
<td>I get it some other way</td>
<td>23.7 (±4.3)</td>
<td>15.0 (±1.1)</td>
</tr>
</tbody>
</table>

- 43.4% of all high school youth have been at someone’s home where teens were drinking and parents knew it.
- 31.5% of all high school youth have been at someone’s home when parents knowingly provided alcohol.
Marijuana use
- 1 out of 3 high school youth (33.7%) said they have smoked marijuana in their lifetime.
- 27.5% (±0.9) of high school youth and 5.5% (±0.7) of middle school youth said they have smoked marijuana in the past 12 months.
- Males are more likely than females to have ever tried marijuana and to have smoked it in the past 12 months, but the gender gap for both measures narrowed since 2009 as marijuana use went up for females while remaining stable for males.

Other drug use
The count and percent of youth who reported any use of these drugs in the past 12 months is highlighted in the table. The middle school survey asked about fewer drugs.

<table>
<thead>
<tr>
<th>Other Drugs</th>
<th>Middle School</th>
<th>High School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percent</td>
</tr>
<tr>
<td>Over the counter (non-prescription) drugs to get high</td>
<td>187</td>
<td>2.5% (±0.4)</td>
</tr>
<tr>
<td>Prescription drugs not prescribed for you</td>
<td>217</td>
<td>2.9% (±0.5)</td>
</tr>
<tr>
<td>Inhalants (glue, paint, spray cans, markers)</td>
<td>411</td>
<td>5.4% (±0.6)</td>
</tr>
<tr>
<td>Synthetic marijuana</td>
<td>1600</td>
<td>9.3% (±0.6)</td>
</tr>
<tr>
<td>Ecstasy</td>
<td>590</td>
<td>3.4% (±0.4)</td>
</tr>
<tr>
<td>Cocaine or crack</td>
<td>510</td>
<td>3.0% (±0.3)</td>
</tr>
<tr>
<td>Speed, crystal meth</td>
<td>389</td>
<td>2.3% (±0.3)</td>
</tr>
<tr>
<td>Heroin</td>
<td>367</td>
<td>2.1% (±0.3)</td>
</tr>
<tr>
<td>Bath salts</td>
<td>357</td>
<td>2.1% (±0.3)</td>
</tr>
<tr>
<td>Steroids, HGH</td>
<td>365</td>
<td>2.1% (±0.3)</td>
</tr>
</tbody>
</table>

Parents’ attitudes about smoking, drinking and marijuana use
Youth ranked how wrong their parents would consider it if the youth smoked cigarettes, drank alcohol or smoked marijuana. Data was analyzed for those who said their parents would consider it “wrong” or “very wrong.”
- Youth were more likely to report that their parents would strongly disapprove of them smoking cigarettes than smoking marijuana or drinking alcohol. A significantly lower percentage of youth reported strong parental disapproval of youth alcohol use.
- Overall, strong parental disapproval of substance use was reported by a higher percentage of middle school than high school students, and by slightly more females than males.
Health Issue: Poor Birth Outcomes

Public Health Madison & Dane County (PHMDC) brought the issue of poor birth outcomes to the hospital partners. The concerns of Public Health are based on in-depth analysis of prenatal risk factors and their association with poor birth outcomes, including fetal and infant mortality in Dane County. These research findings support the clinical experience of staff who serve pregnant and postpartum women in public health programs and client-expressed needs.

Descriptive data for selected risk factors for poor birth outcome and measures of poor birth outcome were provided by PHMDC and are summarized below. Data measuring the association between the risk factors and poor birth outcomes, as well as racial disparities, will be shared by PHMDC after its 2011 Fetal and Infant Mortality Review Report is completed and released. However, PHMDC has identified the following risk factors as being of special concern in terms of contributing to poor birth outcomes:

- Maternal obesity before pregnancy, excessive weight gain and failure to lose weight postpartum
- Late detection and inadequate control of chronic conditions that increase risk of poor birth outcomes, including pre-diabetes/diabetes, asthma and hypertension. (Note: Asthma was not included in the 2011 Fetal and Infant Mortality Review, but asthma is highly prevalent, inadequate control during pregnancy is common, and it carries significant prenatal risk.)
- Maternal smoking

Key findings for all Dane County women who gave birth in 2011:

- 46.7% (2771 women) were overweight or obese before pregnancy
- 48.8% (2786 women) had excessive weight gain during pregnancy
- 56 women had diabetes before pregnancy, and 303 (6%) developed gestational diabetes during pregnancy
- 104 women had hypertension before pregnancy, and 350 (5.8%) developed a hypertensive disorder during pregnancy

Other prenatal risk factors, for all Dane County births 2008-2010:

- 8.4% of births (1540 cases) were to women who smoked during the pregnancy
- 9.6% of births (1736 cases) were to women who started prenatal care late, after the first trimester
- 4.9% of births (901 cases) were to teen moms (< age 20) and 9.7% (1775 cases) were to women with less than a high school degree
Poor birth outcomes (2008-2010 Dane County births):\(^1\)

- 9.3% of infants (1705 cases) were born preterm (before 37 weeks)
- 6.1% of infants (1111 cases) had low birth weight (<2500g)
<table>
<thead>
<tr>
<th>County</th>
<th>Time Period</th>
<th>HP 2020 Target</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Babies with Low Birth Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Value:</strong> 6.4 percent</td>
</tr>
<tr>
<td><strong>Measurement Period:</strong> 2010</td>
</tr>
<tr>
<td><strong>Location:</strong> County: Dane</td>
</tr>
<tr>
<td>Located in State: Wisconsin</td>
</tr>
<tr>
<td>[View Every County]</td>
</tr>
<tr>
<td><strong>Comparison:</strong> WI Counties</td>
</tr>
<tr>
<td><strong>Categories:</strong> Health / Maternal, Fetal &amp; Infant Health</td>
</tr>
</tbody>
</table>

**What is this Indicator?**
This indicator shows the percentage of births in which the newborn weighed less than 2,500 grams (5 pounds, 8 ounces).

**Why this is important:** Babies born with a low birth weight are more likely than babies of normal weight to require specialized medical care, and often must stay in the intensive care unit. Low birth weight is often associated with premature birth. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. The most important things an expectant mother can do to prevent prematurity and low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and most importantly, get prenatal care.

**The Healthy People 2020 national health target is to reduce the proportion of infants born with low birth weight to 7.8%**.

**Technical Note:** The distribution is based on data from 67 Wisconsin counties.

**Source:** Wisconsin Department of State Health Services

**URL of Source:** [http://www.dhs.wisconsin.gov/](http://www.dhs.wisconsin.gov/)

**URL of Data:** [http://www.dhs.wisconsin.gov/wish/main/lbw/lbw_home.htm](http://www.dhs.wisconsin.gov/wish/main/lbw/lbw_home.htm)

**Maintained By:** Healthy Communities Institute
Infant Mortality Rate by Maternal Age

*Value may be statistically unstable and should be interpreted with caution

Infant Mortality Rate by Maternal Race/Ethnicity

*Value may be statistically unstable and should be interpreted with caution
Primary Data Collection and Analysis

Healthy Dane CHNA-Identified Health Needs

As part of the Community Health Needs Assessment, Healthy Dane contracted with Healthy Communities Institute Inc. (HCI) to gather and assess data from a variety of sources. HCI’s community dashboard indicators for Dane County are updated as new information is available, and the dashboard is linked through healthydane.org to make it accessible to all members of the community. It is anticipated that community agencies and individuals will utilize this data frequently to assist in decision-making for adjustments in processes and services, and to serve as valid research supporting efforts to pursue grant funding.

Healthy Dane analyzed secondary data from a variety of sources including HCI, Public Health Madison and Dane County, the Wisconsin Department of Health Services State Health Plan: Healthiest Wisconsin 2020 and the Department of Health and Human Services Healthy People 2020. This analysis led to the identification of six top health issues for our community:

- Poor Birth Outcomes
- Type 2 Diabetes
- Asthma/COPD
- Preventable Stroke (CVN)/Uncontrolled Hypertension (HTN)
- Cancer
- Drug Use/Poisoning

Four focus groups were scheduled in August 2012 to seek input and prioritize the health issues. Healthy Dane used the Healthy People 2020 categories to guide the invitation list of key community stakeholders. See Appendix B for complete list of invitees. Forty-one community stakeholders participated in the focus groups. See Appendix C for complete list of attendees. A Healthy Dane member served as the focus group host and presented HCI data on the top six health issues. Focus group members were asked to complete a community advisory prioritization matrix and select the rating (5-Strongly Agree, 4-Agree, 3-Neutral, 2-Disagree, 1-Strongly Disagree) that best described their agreement with the following statements:

- In my opinion, this is a serious health need within this community (Severity)
- In my opinion, addressing this health need is very important to this community (Importance)
- In my opinion, addressing this health need will improve the quality of life within this community (Impact)
- In my opinion, there are no resources for addressing this health need within this community (Existing Resources)

See Appendix D for Community Prioritization Matrix
Healthy Dane Focus Group Results by location

<table>
<thead>
<tr>
<th>Location</th>
<th>Birth Outcomes</th>
<th>Diabetes</th>
<th>Asthma/COPD</th>
<th>CVA/HTN</th>
<th>Cancer</th>
<th>Drugs/Poisoning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sun Prairie</td>
<td>8</td>
<td>11</td>
<td>9</td>
<td>10</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Stoughton</td>
<td>11</td>
<td>14</td>
<td>14</td>
<td>13</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Fitchburg</td>
<td>16</td>
<td>16</td>
<td>13</td>
<td>13</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>Madison</td>
<td>15</td>
<td>14</td>
<td>14</td>
<td>12</td>
<td>12</td>
<td>14</td>
</tr>
</tbody>
</table>

Community Prioritization Matrix: The number after each identified health issue is the Total Priority Score given by the focus group. Focus group participants ranked each health issue (on a scale of 1 to 5; 1=Strongly Disagree and 5=Strongly Agree) on the following measures: Severity, Importance to Community, Impact, and Existing Community Resources. A caveat to this data is that it measures opinions and perceptions rather than true health need.

Healthy Dane Focus Group Total Participant Summary: In summary, the total participant prioritization ranking is as follows:

- Type 2 Diabetes: 15
- Cancer: 14
- Drug Use/Poisoning: 14
- Asthma/COPD: 13
- Preventable Stroke/HTN: 13
- Poor Birth Outcomes: 13

After focus group members completed their matrix, a facilitated discussion followed on the top three (or four) health issues that had the highest priority score. Focus group members were asked to comment on:
- What about this health issue has the greatest impact in our community?
- What can hospitals do to address this health issue/need?

Through these discussions, central ideas or themes became evident on the role that hospitals can play in improving the health of the community. These themes are central to the development of each organization’s implementation plan.
Focus Group Themes:

- Focus on the broad spectrum of wellness
- Provide broad role in public health education
- Address social determinant of health
- Advocate for healthy communities
- Practice healthy habits as an organization
- Include families in education and interventions
- Focus on high-risk populations
- Work with existing systems

Meriter’s CHNA-Identified Health Needs

Internal Prioritization process
Members of Meriter’s Executive and Senior Leadership team participated in an Internal Prioritization Process to address the findings of the HCI data as well as the results from the community stakeholder meetings. See Appendix E for list of staff. The discussions helped shape Meriter’s priorities in response to the Community Health Needs Assessment. An internal prioritization matrix helped guide the conversation using the following criteria:

- Magnitude
- Alignment with Mission, Key Strategies and Priorities
- Resources Needed to Address the Issue
- Hospital’s Ability to Impact

At the end of the discussion, staff members were asked to prioritize, or rank, the presented health priorities. Meriter’s ranking, highest to lowest, is listed below:

1) Diabetes
2) Poor Birth Outcomes
3) Uncontrolled Hypertension and Preventable Stroke
4) Drugs/Poisoning
5) Asthma/COPD
6) Cancer

After many discussions and consultations, Meriter selected Diabetes and Poor Birth Outcomes as the two top priority areas of focus. Additionally, Meriter will collaborate with the Healthy Dane partners on maintaining and sustaining the Healthy Dane website, as an on-going updated resource for the community.

During the discussions, much attention was given to Meriter’s existing programs that positively affect the health of the community including Behavioral/Mental Health, and the Max W. Pohle Dental Clinic. These programs are important existing components to the community, serving needs that would otherwise go unmet. Although these issues did not arise in the discussions with community members, each program addresses a documented community need.
To address these issues, Meriter has developed an implementation plan that will help the community become healthier. The implementation plan focuses on ways that Meriter can help improve patient’s total health, as well as reach out to all of the community. Understanding that changes and opportunities arise, Meriter is prepared to adapt and adopt strategies as time and resources allow. The focus on making a difference in both diabetes and birth outcomes will remain central to plans for 2013-2015.

CHNA-Identified Health Needs

With our top six community-specific health issues in mind, as identified through our primary data collection and analysis, we then set out to evaluate each issue, using the following criteria:

- Indicator is poor or trend is worsening.
- Racial/ethnic/socioeconomic disparities are evident.
- A hospital (with or without partners) can affect indicator.
- Evidence-based practice exists regarding effective strategies, and strategies can be scaled appropriately.
- Additional attention to the problem is needed, i.e. either current efforts don’t exist in our community or there are gaps/needs for additional attention.

The six health issues became the framework for input sessions with nonprofit leaders, elected officials and other community representatives. In each session, discussion focused on why the identified needs are
important health indicators, how Dane County’s rank compares with other counties in Wisconsin and/or against Healthy People 2020 goals, and what hospitals can do to affect the issues.

Community leaders validated the selected priorities. In a group process, they ranked them and the results were very close, grouping them closely together as important, although diabetes was selected as the top priority in each session.

Group participants also made recommendations about the types of interventions hospitals (with or without partners) should undertake. Themes emerged that emphasized hospitals should work toward broad wellness objectives that are inclusive of families and diverse populations. Hospitals were called upon to advocate, create awareness and convene others around strategies to address the priority issues.

In addition to community leader input, Public Health Madison & Dane County offered professional expertise and input as well as perspective about data analysis and issue selection. With leadership from Public Health, the collaborative examined areas of opportunity such as gestational diabetes, where two priority issues (birth outcomes and diabetes) come together.

The collaborative also inventoried existing initiatives of significance in the community. Those are listed in the Other Resources section in the CHNA. The collaborative recognizes the significant need around, for example, behavioral health services and a response to increased substance abuse, while also currently participating in major data-driven, community-based initiatives already under way.

As a result, the collaborative selected type 2 diabetes, and maternal and child health/healthy birth outcomes as top priorities in the community health needs assessment. The collaborative stresses that the CHNA process requires a finite focus; however, this does not represent the totality of hospital and public health’s priorities and commitments. As noted above, collaborative members continue to participate in a wide variety of efforts intended to benefit community health. The four hospital members of Healthy Dane provided collectively $201,873,600 in community benefit as defined by the Wisconsin Hospital Association in its 2012 report.

Healthy Dane and the CHNA process affords our community the opportunity to benefit broadly from the healthydane.org website and a new set of priorities that are driven by data and community stakeholders. Programmatic recommendations will be developed together with collaborators across the community, taking into account best practices and measurable objectives.
Collaborative Input

Four hospital organizations and Public Health Madison & Dane County (PHMDC) entered into a collaborative agreement to develop the healthydane.org data website, which would be the foundation of the CHNA process and facilitate ongoing monitoring of the health status of Dane County. The four hospital organizations are Meriter Hospital, Stoughton Hospital, St. Mary’s Hospital and University of Wisconsin Hospital and Clinics. The Public Health Department continued to serve as a partner through the hospitals’ CHNA process.

In addition, the collaborative engaged other organizations in the CHNA through the Dane County Health Council, a group that meets regularly to consider issues affecting health in Dane County and ways to collectively address issues. Council organizations participating in the CHNA include the following:

- Access Community Health Centers
- Dane County Human Services
- Dean Health System
- Group Health Cooperative
- Madison Metropolitan School District
- United Way of Dane County
- University of Wisconsin Medical Foundation

As described in the primary data section, the collaborative also hosted focus groups, and the process benefited from input from several individual community leaders representing diverse constituencies. Those leaders are listed with their affiliations in Appendices B & C: Focus Group Invitees & Focus Group Attendees.

Finally, the CHNA benefited from guidance and input from individuals with expertise in public health and CHNA process.

The collaborative’s vendor, Healthy Community Institute (HCI), develops and maintains a high-quality data and decision-support information system to aid in indicator tracking, best-practice sharing and community development. The system provides access to a template, along with supporting services, to communities to help improve quality of life and outcomes.

HCI utilizes a multi-disciplinary team composed of experienced health care information technology staff including professional internet system developers and evaluators, academicians (health informatics experts, urban planners, epidemiologists) and former senior government officials. The company is rooted in work started in 2002 in concert with the Healthy Cities Movement and the University of California-Berkeley. The management team from Harvard University, Cornell University and the University of California-Berkeley has expertise in informatics, public health, urban sustainability, community planning and high-volume internet sites.
Public Health Director Janel Heinrich MPH, MA, and Public Health Supervisor Judy Howard RN, MS, served on the collaborative committee during the process of selecting HCI as the data website vendor and during the development of the hospitals’ CHNA work plans.

PHMDC Chronic Disease Coordinator Susan Webb-Lukomski RN, BSN, provided guidance and consultation to the hospital representatives regarding health status data and priority-setting.

Julie Willems VanDijk, RN, PhD, Associate Scientist at the Population Health Institute of the University of Wisconsin-Madison, reviewed the overall approach to the CHNA and addressed specific questions about best practice.

We fully recognize the necessity for such magnitude in this community service effort, for it is by reaching far and digging deep that we are best equipped to have a measurable impact toward creating a healthier community.
Other Resources

Significant resources in the community are already at work addressing specific health issues and important health factors. The collaborative has attempted to document some of the active work under way through joint initiatives. What follows is an incomplete and non-exhaustive list:

Dane County Health-Related Collaborations

*Please note: Description of purpose is provided in parentheses if purpose is not evident from title.*

- Alliance for Healthy South Madison (infant mortality)
- Area Agency on Aging
- Asthma Coalition
- Benevolent Specialists Project (BSP) Free Clinic (specialty medical care)
- Child Protection Collaborative
- Childhood Obesity Prevention Policy Collaborative
- Dane County Coalition to Reduce Alcohol Abuse
- Dane County Health Council (access to care, behavioral health)
- Elderly Services Network of Dane County
- Fetal Infant Mortality Review
- Health Literacy Wisconsin (SW/SC)
- Latino Health Council
- Oral Health Coalition of Dane County
- Pediatric Mental Health Collaborative
- Safe Communities Coalition
  - Drugs/Poisoning
  - Falls Prevention Task Force
  - MedDrop
  - Suicide Prevention
- Safe Kids Coalition
- Shalom Holistic Clinic (free clinic)
- South Madison Promise Zone
- START (Stoughton Area Resource Team—housing, health, employment and financial assistance)
- Stoughton AODA/Mental Health Team
- Stoughton CARES Coalition (drugs and alcohol-youth focused)
- Stoughton Resource Coordination Team
- Stoughton Transportation Group
- Stoughton Suicide Prevention Group
- Stoughton Wellness Coalition
- United Way Agenda for Change (health, education, safety)
  - Delegation to Promote Children’s Physical Activity
  - Delegation on Healthy Food for Children
- Wisconsin Medical Society Advanced Care Planning Project
- YMCA & schools (community school model)
Appendix A: Wisconsin Division of Public Health, Health Status Reports

2012 Dane County Youth Assessment Overview Report

Wisconsin Asthma Plan 2009-2014
http://www.dhs.wisconsin.gov/eh/asthma/pdf/WACPlan20092014ExecutiveSummary.pdf

The Wisconsin Plan for Heart Disease and Stroke Prevention 2010-2015

Wisconsin Diabetes Strategic Plan 2010-2015

The Epidemic of Chronic Disease in Wisconsin
## Appendix B: Healthy Dane Focus Group Invitees

*Topic headings reflect the Healthy People 2020 categories. Some organizations may be listed under more than one topic heading.*

<table>
<thead>
<tr>
<th>2020 TOPIC</th>
<th>ORGANIZATION</th>
<th>NAME</th>
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<tbody>
<tr>
<td>Access to Health Services</td>
<td>Access Community Health Centers</td>
<td>Dr. Ken Loving</td>
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<td></td>
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<td>Bobby Peterson</td>
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<tr>
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<td>Brynne McBride</td>
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<td></td>
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<td>Dottie Petersen</td>
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<tr>
<td>Adolescent Health</td>
<td>Dane County School Consortium</td>
<td>Diane Krause</td>
</tr>
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<td></td>
<td>Madison Metropolitan School District</td>
<td>Sally Zirbel-Donisch, HS Coordinator</td>
</tr>
<tr>
<td></td>
<td>UW Health Services</td>
<td>Sarah Van Orman</td>
</tr>
<tr>
<td></td>
<td>Urban League of Greater Madison</td>
<td>Kaleem Caire</td>
</tr>
<tr>
<td></td>
<td>Stoughton School Nurse</td>
<td>Laurel Gretebeck</td>
</tr>
<tr>
<td></td>
<td>Stoughton Child Care Center</td>
<td>Julie Florence</td>
</tr>
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<td></td>
<td>Oregon School District</td>
<td>Amy Miller</td>
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<tr>
<td>Cancer</td>
<td>American Cancer Society</td>
<td>Alison Prange</td>
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<td>Gilda's Club</td>
<td>Sandy Henshue</td>
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<td>Leukemia and Lymphoma Society</td>
<td>Kim Kokott</td>
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<td></td>
<td>Breast Cancer Recovery</td>
<td>Ann Detienne</td>
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<td>Susan G. Komen of SC WI</td>
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<td>Environmental Health</td>
<td>Sustain Dane</td>
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<td>Kevin Luecjke</td>
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<td>Stoughton Wellness/EMS</td>
<td>Cathy Rigdon</td>
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<td>Heart Disease and Stroke</td>
<td>American Heart Association</td>
<td>Tom Luedtke</td>
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<td>Brittany Lee</td>
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<td>Karla Lodholz</td>
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<td>Injury and Violence Prevention</td>
<td>American Diabetes Associations</td>
<td>Sally Sheperdson</td>
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<td>Safe Communities Coalition</td>
<td>Cheryl Witte</td>
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<td>Safe KIDS Coalition</td>
<td>Nicole Vesely</td>
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<td></td>
<td>DAIS (Domestic Abuse Intervention Service)</td>
<td>Shannon Berry</td>
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<td>UNIDOS</td>
<td>Cecelia Gillhouse</td>
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<td>Rape Crisis Center</td>
<td>Kelly Anderson</td>
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<td>Kelly Janda</td>
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<td>Maternal, Infant and Child Health</td>
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<tr>
<td>Joining Forces for Families</td>
<td>Ron Chance</td>
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<td>March of Dimes</td>
<td>Christine Rader</td>
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<tr>
<td>Wisconsin Women’s Health Foundation</td>
<td>Tommi Thompson</td>
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<td>Lisette Kahlil</td>
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<td>WI Assoc. for Perinatal Care</td>
<td>Ann Conway</td>
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<td>Safe Harbor</td>
<td>Jennifer Ginsburg</td>
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<td>Access Community Health Center</td>
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<td>Kent Craig</td>
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<td>African American Council of Churches</td>
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<td>Sal Carranza</td>
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<td>Steve Goldberg</td>
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DeForest School District
Mt. Horeb School District
Middleton School District
Mazomanie School District
Stoughton Law Enforcement
Oregon Law Enforcement
Verona Law Enforcement
UW Law Enforcement
Fitchburg Law Enforcement
Sun Prairie Law Enforcement
DeForest Law Enforcement
Mt. Horeb Law Enforcement
Middleton Law Enforcement
Mazomanie Law Enforcement
Stoughton Mayor
Oregon Village Board President
Verona Mayor
Madison Mayor
Fitchburg Mayor
Sun Prairie Mayor
DeForest Village President
Mt. Horeb Village President
Middleton Mayor
Mazomanie Village President
Stoughton Community Center Director
Verona Community Center Director
Central Madison Community Center Director
Fitchburg Community Center Director
Sun Prairie Community Center Director
DeForest Community Center Director
Mt. Horeb Community Center Director
Middleton Community Center Director
Mazomanie Community Center Director
Health Council Staff Team

Stoughton Hospital Board
Covenant Lutheran Church, Stoughton

Skaalen Nursing Home
Supporting Families Together

Janis Berg
Dan Ketterer
Ellen Lindgren
Tom Turk
Paul J. Shastany
Douglas H. Pettit
Bernard Coughlin
Susan Riseling
Thomas A. Blatter
Pat Anhalt
Robert Henze
Jeff Veloff
James A. DiGianvittorio
Brad Lindsley
Mayor Donna Olson
Steve Staton
Mayor John Hochkammer
Mayor Paul R. Soglin
Judd Blau,
Dave Becker
Kurt Sonnentag
Lowell Holcomb
Tom Lynch
Casey Dudley
Becky McCulsky
Chad Sigl
Jana Stephens
Deanne Symbolik
Lisa Duffy
Lori Sprattley
Sue Dietzen
Sandy Erickson
Shiva Bidar-Sielaff
Tammy Quall
Emily Sanders
Michael Hommel
Suzanne Reilly
Lynn Green
Sara Finger
Brad Schroeder
Pastor Mark Petersen
Kris Gabert
Kay Davis
Brenda Dottl
Mike Connor
Kathy Horton
Lilly Irvin-Vitela
# Appendix C: Healthy Dane Focus Group Attendees

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<tr>
<th>Wednesday, August 8, 2012  9:30-10:30</th>
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<td>Sun Prairie Library, Angie Bloyer, Jodi Neitzel, Beth Pinkerton</td>
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<thead>
<tr>
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<th>Agency</th>
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<tr>
<td>Bob Power, Exec Direc</td>
<td>Colonial Club Senior Center</td>
</tr>
<tr>
<td>Christine Rader, Division Dir</td>
<td>March of Dimes</td>
</tr>
<tr>
<td>Bonnie Loughran, Exec Dir</td>
<td>NAMI of Dane County</td>
</tr>
<tr>
<td>Brenda Dottl, RN</td>
<td>Stoughton Hospital Home Health</td>
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<tr>
<td>Alison Prange, Exec Dir</td>
<td>American Cancer Society</td>
</tr>
<tr>
<td>Carrie Wall, Exec Dir</td>
<td>YMCA of Dane County</td>
</tr>
<tr>
<td>Nicole L Vesely, Program Coord</td>
<td>UW Health</td>
</tr>
<tr>
<td>Jennifer Ellestad, Comm Advocacy</td>
<td>Dean Clinic</td>
</tr>
<tr>
<td>Kristin Burki, Director of Services</td>
<td>Domestic Abuse Intervention Services</td>
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<td>Sally Zirbel Donisch, Health Services</td>
<td>Madison Metropolitan School District</td>
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<th>Thursday, August 9, 2012  3:30-4:30</th>
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<tr>
<td>Bradley D. Schroeder, Employee Benefit Specialist</td>
<td>Stoughton Business Owner-Insurance</td>
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<tr>
<td>Cindy McGlynn, Director</td>
<td>Stoughton Senior Center</td>
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<tr>
<td>Amy L. Miller, Community Education Director</td>
<td>Oregon School District</td>
</tr>
<tr>
<td>Donna Olson, Mayor</td>
<td>City of Stoughton- Government</td>
</tr>
<tr>
<td>Cathy Rigdon, Director</td>
<td>Stoughton Emergency</td>
</tr>
<tr>
<td>Sharon Mason-Boersma, Social Worker</td>
<td>Management Services</td>
</tr>
<tr>
<td></td>
<td>Joining Forces for Families - Dane County</td>
</tr>
<tr>
<td>Name</td>
<td>Agency</td>
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<tr>
<td>Lynn Green, Exec Dir</td>
<td>Dane County Human Services</td>
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<td>Dr. Floyd Rose, Exec Dir</td>
<td>100 Black Men of Madison</td>
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<tr>
<td>Kelly Anderson, Exec Dir</td>
<td>Rape Crisis Center</td>
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<td>Michelle Heitzinger, Exec Dir</td>
<td>Susan G. Komen of South Central WI</td>
</tr>
<tr>
<td>Eva Brummel,</td>
<td>Wisconsin Perinatal Association</td>
</tr>
<tr>
<td>Learning Coordinator</td>
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<tr>
<td>Dan Foley, Exec Dir</td>
<td>Neighborhood House Community Center</td>
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<tr>
<td>Bobby Peterson, Exec Dir</td>
<td>American Diabetes Association, WI Chapter</td>
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<tr>
<td>Penny Kasprzak, Assoc Dir</td>
<td>Latino Health Council</td>
</tr>
<tr>
<td>Shiva Bidar-Sielaff, Co-Chair</td>
<td>American Heart Association, WI Chapter</td>
</tr>
<tr>
<td>Tom Luedtke, Corp Events Dir</td>
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</tr>
<tr>
<td>Astra Iheukumere, Mayoral Aide</td>
<td>City of Madison, Mayor’s Office</td>
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<tr>
<td>Lisette Khalil, Development Dir</td>
<td>Wisconsin Women’s Health Foundation</td>
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<th>Name</th>
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<tbody>
<tr>
<td>Lannia Syren Stenz, Exec Dir</td>
<td>Gilda’s Club of Madison</td>
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<td>Ken Taylor, Exec Dir</td>
<td>Wisconsin Council on Children and Families</td>
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<tr>
<td>Sandy Erickson, Dir, Community Impact</td>
<td>United Way Dane County</td>
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<td>Steve Hiniker, Exec Dir</td>
<td>1000 Friends</td>
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<td>Kent Craig, Exec Dir</td>
<td>Centro Hispano</td>
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<tr>
<td>Muriel Nagle, Director of Health Promotion</td>
<td>University Health Services</td>
</tr>
<tr>
<td>Lorri Wendorf-Corrigan, Neighborhood Services Coord</td>
<td>City of Madison, Community Development Division</td>
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<tr>
<td>Julie Willems Van Dijk, RN, PhD</td>
<td>UW-Madison, Population Health Dept.</td>
</tr>
<tr>
<td>Hedi Rudd, Program Coord</td>
<td>Urban League of Greater Madison, Promise Zone</td>
</tr>
<tr>
<td>Jeff Burkhart, Exec Dir</td>
<td>Literacy Network</td>
</tr>
</tbody>
</table>
## Appendix D: Community Prioritization Matrix

**Community Prioritization:** Have your community partners or community members on your CHNA work team complete the ranking below. A high "total priority score" indicates the highest prioritized, most pressing need.  

**Instructions:** For each of the identified community needs, please select the rating that best describes your agreement with the statements below and write it in the box below the question.

<table>
<thead>
<tr>
<th>Identified Community Needs</th>
<th>Severity</th>
<th>Importance to Community</th>
<th>Impact</th>
<th>Existing community resources</th>
<th>Total Priority Score</th>
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<tr>
<td>Diabetes</td>
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<td>Cancer</td>
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<td>Drugs/Poisoning</td>
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<tr>
<td>Asthma/COPD</td>
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<tr>
<td>CVA/HTN</td>
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<td>Birth Outcomes</td>
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</table>
Appendix E: Meriter CHNA Internal Prioritization Committee

Jim Woodward, MHA
President & CEO

Sue Erickson, MBA
Vice President, Professional Services

Pat Grunwald, RN, MS
Chief Nursing Officer

Cathy Heimbeckler, RN
Director, Clinical Operations, Meriter Medical group

Sue Janty, RN
Director, Behavioral Health Services

Kathy Kostrivas, RN, MBA
Assistant Vice-President, Women’s Health Services

Geoff Priest, MD, MBA
Chief Medical Officer

Mary Reinke
Chief Planning and Marketing Officer

Pam Wetzel, MD
Assistant Vice-President & Senior Medical Director, Meriter Medical Group
Endnotes


23 CDC Behavioral Risk Factor Survey, data provided by the Wisconsin Division of Public Health.


